FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049107 (2)**

1. Corporation Name

L&M INVESTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4521 PGA BLVD. SUITE 177 PALM BEACH GARDENS FL 33418	4521 PGA BLVD. SUITE 177 PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 06/21/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 4521 PGA BLVD, Suite 177
22 Suite, Apt. #, etc: Suite
23 City & State: Palm Beach Garden FL 33418
24 Zip: 33418
25 Country: Palm Beach

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc: SAME
28 City & State: SAME
29 Zip: SAME
30 Country: SAME

4. FEI Number: 65-0601011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LALOR, MICHAEL A
4521 PGA BLVD. SUITE 177
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael A. Lalor — MICHAEL A. LALOR (Typed or Printed Name of Registered Agent) — 5/21/96 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LALOR, MICHAEL A 4521 PGA BLVD. SUITE 177 PALM BEACH GARDENS FL 33418	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSIE, WAYNE A P.O. BOX 474 IRWIN PA 15642	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1335 ORANGE AVE Ft Pierce FL 34950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001869084 -06/20/96--01026--020 ***225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any changes noted on an attachment, with an address.

SIGNATURE: Michael A. Lalor — 5/21/96 — (407) 861-6624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL A. LALOR, Pres

6/1/96